

## Application for Sales Tax Exemption for Sickle Cell Disease Organizations

Taxpayer Services Division P.O. Box 201 Baton Rouge, LA 70821-0201 (225) 219-7356 (225) 219-2065 (Fax)

## **Please Print or Type**

1. Nonprofit Organization Name ▼			
2. Home Address ▼			
▼ City ▼	▼ State ▼	▼ ZIP ▼	
3. Mailing Address ▼			
▼ City ▼	▼ State ▼	▼ ZIP ▼	
<b>4.</b> Telephone Number ▼	•		

The above organization hereby applies for the sales tax exemption allowed by Revised Statute 47:305.53. The exemption covers sales at retail, rentals or leases, use, consumption, distribution, or the storage for use or consumption of tangible personal property, or any taxable service. In applying for the sales tax exemption, the organization certifies the following:

- 1. The nonprofit organization was established prior to 1975; and
- 2. The organization conducts a comprehensive program on sickle cell disease that includes free education, free testing, free counseling, and free prescriptions, transportation, and food packages for sickle cell patients.

5. Name and title of officer entitled to make purchas	ses on behalf of the organization.
▼ Name ▼	▼ Title ▼
6. Officer of the organization completing the applica	ation.
▼ Print/Type Name ▼	▼ Title ▼
▼ Signature ▼	▼ Date ▼

For Official Use		
	Approved Disapproved	
	▼ Signature of Department Representative ▼	▼ Date ▼